

Effective October 1, 2004

Application or Docket Number

10/517251

(Column 1) (Column 2)

|                                  |               |  |
|----------------------------------|---------------|--|
| TOTAL CLAIMS                     | 42            |  |
| FOR                              | NUMBER FILED  | NUMBER EXTRA                               |
| TOTAL CHARGEABLE CLAIMS          | 42 minus 20 = | 22   |
| INDEPENDENT CLAIMS               | 5 minus 3 =   | 2  |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input checked="checked" type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1) (Column 2) (Column 3)

|  |             |   |       |   |                          |
|--|-------------|---|-------|---|--------------------------|
| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|  | Total       | *   | Minus | **  | =                        |
|  | Independent | *   | Minus | ***   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |       |   | <input type="checkbox"/> |

|             |   | (Column 1)                                | (Column 2)                                  | (Column 3)       |
|-------------|---|---|---|------------------|
| AMENDMENT B |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus                                       | **               |
|             | Independent   | *   | Minus                                       | ***              |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |   |                  |

|             |   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |
|-------------|---|---|-------|---|------------------|
| AMENDMENT C |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total   | *   | Minus | **  | =                |
|             | Independent   | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

TYPE 

OR

OTHER THAN  
SMALL ENTITY

| RATE         | FEE |
|--------------|-----|
| BASIC FEE    |     |
| X \$ 9 =     |     |
| X \$ 44 =    |     |
| + \$ 150 =   |     |
| <b>TOTAL</b> |     |

OR

**OR**

**OR**

**OR**

**OR**

| RATE       | FEE  |
|------------|------|
| BASIC FEE  | 1110 |
| X \$ 18 =  | 396  |
| X \$ 88 =  | 176  |
| + \$ 300 = |      |
| TOTAL      | 1682 |

**OR**

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OR

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OR

OR

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.